

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

- 6) The department shall conduct an annual survey of insurance carriers to determine whether TCM services, as described in this State Plan Amendment, are included and paid for as a covered benefit. The survey results will be used to determine the extent of Medicaid's payment liability in accordance with federal regulations set forth in 42 CFR 433.139(b).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Case ManagementReimbursement Methodology for Case Management Services as described in Supplement 1g to Attachment 3.1-A

Case management services will be provided by licensed and certified Public Health Nurses (PHN) who are experienced in providing case management services and who are employed by a jurisdiction's local health department.

Reimbursement rates shall be established for a specific unit of service. The unit of service shall be an encounter with Title XIX eligible infants, children, and young adults to age 21.

An encounter is defined as a face-to-face contact or a significant telephone contact with the Title XIX eligible individual or with the individual or legal guardian designated to act on behalf of the Title XIX eligible individual.

The reimbursement process is as follows:

1. The Department of Health Services, Childhood Lead Poisoning Prevention Branch (CLPPB) budget for fiscal year 1996-97, includes State General Funds for the provision of Medi-Cal Lead Poisoning Case Management Services to lead poisoned Medi-Cal eligibles to age 21 by each jurisdiction's local health department.
2. For each jurisdiction's local health department, the CLPPB will calculate the estimated amount of per encounter costs based upon the statewide average cost of a Public Health Nurse (PHN) Medi-Cal Lead Poisoning Case Management encounter, the number of each jurisdiction's local health department's Medi-Cal eligibles to age 21 at risk for lead poisoning, and the number of each jurisdiction's local health department's lead poisoned Medi-Cal eligibles to age 21 currently receiving case management services.
3. The projected amount of State General Funds set aside for each jurisdiction's local health department will enable jurisdiction's local health departments to develop an annual Medi-Cal Lead Poisoning Case Management budget.

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Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Case Management**Reimbursement Methodology for Case Management Services as described in Supplement 1g to Attachment 3.1-A (continued)**

Claims for federal financial participation reimbursement will be made retrospectively after Medi-Cal Lead Poisoning Case Management services have been provided and documented in each Medi-Cal eligible's chart and PHN personnel time is documented.

4. Each jurisdiction's local health department will conduct a regularly scheduled time study following federal OMB A-87 approved time study methodology. The time study will capture the PHN time spent providing case management services to both Medi-Cal and non-Medi-Cal eligibles in one or more components of case management services, such as assessment, plan development, referral, assistance in accessing services, follow-up crisis intervention planning, reevaluation, or on other activities that are directly related to the provision of case management services.
5. Each jurisdiction's local health department will establish a rate for case management services provided to Medi-Cal eligibles. The rate will be derived from the annual budget, which contains salary and benefits, and time studies that show time spent performing case management services, including travel. The total cost of providing case management services to Medi-Cal eligibles will be divided by the total number of Medi-Cal eligibles receiving case management services during the time-study period to arrive at a rate per Medi-Cal eligible.
6. Each jurisdiction's local health department will develop invoices for reimbursement of case management services provided to Medi-Cal eligibles. Invoices will be submitted quarterly to the Childhood Lead Poisoning Prevention Branch.
7. Each jurisdiction's local health department will maintain documentation in support of invoices submitted for case management services. The documentation will include:
 - a. Date of service,
 - b. name of Medi-Cal eligible,
 - c. name of provider agency and person providing the case management service,
 - d. nature, extent, or units of service,
 - e. place of service, and
 - f. completed time study for each case manager.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Case ManagementReimbursement Methodology for Case Management Services as described in Supplement 1g to Attachment 3.1-A (continued)

8. Fiscal monitoring will be conducted using an audit trail that includes a) the name, classification, duty statement, and amount of PHN time identified on the local health jurisdiction's budget submitted to and approved by the DHS/CLPPB; b) quarterly invoices submitted for reimbursement of PHN case management services; c) the time study identifying PHN time spent providing Medi-Cal Lead Poisoning Case Management services; and d) the PHN's field record documenting the recipient's Medi-Cal status, lab report documenting the Medi-Cal recipient's elevated blood lead level, the CLPPB Follow-up Form and PHN service plan that documents receipt of necessary follow-up activities.
9. The department shall ensure free care and third party liability requirements are met.
10. The department shall conduct an annual survey of insurance carriers to determine whether case management services, as described in this State Plan Amendment, are included and paid for as a covered benefit. The survey result will be used to determine the extent of Medicaid's payment liability in accordance with federal regulations set forth in 42 CFR 433.139(b).

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Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) shall be reimbursed their reasonable costs of covered services. Reasonable costs shall be determined in accordance with applicable provisions of the Medicare reimbursement methodology for Rural Health Clinics specified in 42 CFR 405.2426 through 405.2429. Such methodology shall include any screening guidelines, tests of reasonableness, or payment limitations applicable to Medicaid FQHC services as required by federal law or regulation.

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MAXIMUM STATEWIDE PAYMENT RATES – FY 1997-98

Procedure Code	Procedure Description	Rate
A. PEDIATRIC PRACTITIONER SERVICES:		
99201	OFFICE VISIT, NEW, LEVEL 1	18.40
99202	OFFICE VISIT, NEW, LEVEL 2	27.60
99203	OFFICE VISIT, NEW, LEVEL 3	46.00
99204	OFFICE VISIT, NEW, LEVEL 4	55.38
99205	OFFICE VISIT, NEW, LEVEL 5, ADULT	64.40
99205	OFFICE VISIT, NEW, LEVEL 5, ADOLESCENT	50.50
99205	OFFICE VISIT, NEW, LEVEL 5, LATE CHILDHOOD	40.40
99205	OFFICE VISIT, NEW, LEVEL 5, EARLY CHILDHOOD	30.30
99205	OFFICE VISIT, NEW, LEVEL 5, INFANT	25.25
99211	OFFICE VISIT, EST., LEVEL 1	7.36
99212	OFFICE VISIT, EST., LEVEL 2	11.04
99213	OFFICE VISIT, EST., LEVEL 3	16.56
99214	OFFICE VISIT, EST., LEVEL 4	27.60
99215	OFFICE VISIT, EST., LEVEL 5, ADULT	46.00
99215	OFFICE VISIT, EST., LEVEL 5, ADOLESCENT	40.40
99215	OFFICE VISIT, EST., LEVEL 5, LATE CHILDHOOD	30.30
99215	OFFICE VISIT, EST., LEVEL 5, EARLY CHILDHOOD	25.25
99215	OFFICE VISIT, EST., LEVEL 5, INFANT	20.20
99241	OFFICE CONSULTATION, LEVEL 1	24.60
99242	OFFICE CONSULTATION, LEVEL 2	24.60
99243	OFFICE CONSULTATION, LEVEL 3	41.00
99244	OFFICE CONSULTATION, LEVEL 4	57.40
99245	OFFICE CONSULTATION, LEVEL 5	57.40
99271	CONFIRMATORY CONSULTATION, LEVEL 1	24.60
99272	CONFIRMATORY CONSULTATION, LEVEL 2	24.60
99273	CONFIRMATORY CONSULTATION, LEVEL 3	41.00
99274	CONFIRMATORY CONSULTATION, LEVEL 4	57.40
99275	CONFIRMATORY CONSULTATION, LEVEL 5	57.40
99341	HOME VISIT, NEW, LEVEL 1	33.12
99342	HOME VISIT, NEW, LEVEL 2	42.32
99343	HOME VISIT, NEW, LEVEL 3	53.36
99351	HOME VISIT, EST., LEVEL 1	17.48
99352	HOME VISIT, EST., LEVEL 2	28.52
99353	HOME VISIT, EST., LEVEL 3	34.96
99354	PROL PHYSICIAN SERV IN OFFICE/OTHER OUTP	33.92
99355	PROL PHYSICIAN SERV IN OFFICE/OTHER OUTP	15.76
99358	PROL EVAL AND MANAGEMENT SERV BEFORE AND	Non Benefit
99359	PROL EVAL AND MANAGEMENT SERV BEFORE AND	Non Benefit
99381	PREVENTIVE MED., NEW, INFANT	24.24
99382	PREVENTIVE MED., NEW, 1-4 YRS.	32.32
99383	PREVENTIVE MED., NEW, 5-11 YRS.	40.40
99384	PREVENTIVE MED., NEW, 12-17 YRS.	48.48
99391	PREVENTIVE MED., EST., INFANT	20.20
99392	PREVENTIVE MED., EST., 1-4 YRS.	24.24
99393	PREVENTIVE MED., EST., 5-11 YRS.	32.32
99394	PREVENTIVE MED., EST., 12-17 YRS.	40.40

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MAXIMUM STATEWIDE PAYMENT RATES -- FY 1997-98

Procedure Code	Procedure Description	Rate
99401	COUNSELING, INDIVIDUAL, 15 MIN.	Non Benefit
99402	COUNSELING, INDIVIDUAL, 30 MIN.	Non Benefit
99403	COUNSELING, INDIVIDUAL, 45 MIN.	Non Benefit
99404	COUNSELING, INDIVIDUAL, 60MIN.	Non Benefit
99411	COUNSELING, GROUP 30 MIN.	Non Benefit
99412	COUNSELING, GROUP, 60 MIN.	Non Benefit
99420	HEALTH RISK APPRAISAL	Non Benefit
99429	UNLISTED PREVENTIVE MED.	By Report
99432	NEWBORN CARE, OUTSIDE HOSPITAL	55.20
X5332	(90700) DTAP IMMUNIZATION	24.32
X5312	(90701) DIPHTHERIA/TETANUS TOXOID/PERTUSSIS-0.5ML	19.76
X5310	(90702) DIPHTHERIA/TETANUS TOXOID ADSORBED-0.5ML	9.43
X6954	(90703) TETNUS TOXOID, ABSORBED - 0.5ML	9.43
X5324	(90704) MUMPS VIRUS VACCINE LIVE SINGLE DOSE	24.15
X5300	(90705) MEASLES(RUBEOLA VIRUS VACCINE-LIVE	19.79
X5322	(90706) RUBELLA VIRUS VACCINE-LIVE SINGLE DOSE	23.00
X5320	(90707) MEASLES/MUMPS/RUBELLA VIRUS VACCINE LIVE	36.77
X5318	(90708) MEASLES(RUBEOLA)RUBELLA VIRUS VACCINE	29.00
X5302	(90709) RUBELLA/MUMPS VIRUS VACCINE LIVE SGL DOS	30.52
90749	(90710) MEASLES/MUMPS/RUBELLA VACCINE VARICELLA	By Report
90749	(90711) DTP and INJECTABLE POLIO	By Report
X5326	(90712) ORIMUNE DISPETTES - 0.5CC EA	18.98
X5328	(90712) ORIMUNE - 2 DROP DOSE/VIAL	16.17
X6774	(90713) POLIOMYELITIS VACCINE - 1CC AMP	27.44
X6990	(90714) TYPHOID VACCINE-5 ML	9.43
X7106	(90716) VARICELLA	47.44
X7024	(90717) YELLOW FEVER VAC-YELLOW FEVER VAC CONNAU	9.19
X6100	(90719) DIPHTHERIA TOXOID ADSORBED(PED-5ML	9.43
X5321	(90720) TETRAMUNE VACCINE 0.5CC DPT/HIB	33.63
90749	(90721) DIPHTHERIA, TETANUS, and ACCELLULAR PERTUSSIS (DTaP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE	By Report
X6218	(90724) INFLUENZA VIRUS VACCINE(ADULT)0.5ML	11.61
X5938	(90725) CHOLERA VACCINE-1.5ML	9.89
X5936	(90725) CHOLERA VACCINE-20ML	8.49
90726	(90726) RABIES IMMUNIZATION	By Report
X6770	(90727) PLAGUE VACCINE-2 ML	12.99
X6768	(90727) PLAGUE VACCINE-20 ML	8.69
X5730	(90728) BCG VACCINE, PERCUTANEOUS	8.79
90749	(90730) HEPATITIS A VACCINE	By Report
X6772	(90732) PNEUMOCOCCAL VACCINE-0.5 ML	14.59
X6542	(90733) MENINGOCOCCAL POLYSACCHARIDE-GROUP A 10	8.49
X6270	(90737) HAEMOPHILUS INFLUENZAE VACCINE HIB TITER	22.00
X6268	(90737) H. INFLUENZAE B VACCINE-0.5ML	14.35
X6272	(90737) H. INFL. VACCINE(PROHIBIT) 0.5 ML.	23.50
X6232	(90741) IMMUNE SERUM GLOBULIN-HUMAN-2ML	10.26
X6230	(90741) IMMUNE SERUM GLOBULIN-1ML	5.95

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MAXIMUM STATEWIDE PAYMENT RATES -- FY 1997-98

Procedure Code	Procedure Description	Rate
Specific Hyperimmune Serum Globulin:		
X6346 (90742)	MUMPS IMMUNE GLOBULIN(HUMAN)-1.5ML	9.99
X6344 (90742)	MUMPS IMMUNE GLOBULIN(HUMAN)-4.5ML	9.19
X6348 (90742)	PERTUSSIS IMMUNE GLOBULIN(HUMAN)1.25ML	20.19
X6280 (90742)	HEPATITIS B IMMUNE GLOBULIN(HUMAN)3ML	47.49
X6278 (90742)	HEPATITIS B IMMUNE GLOBULIN(HUMAN)4ML	47.49
X6276 (90742)	HEPATITIS B IMMUNE GLOBULIN(HUMAN)5ML	39.59
X5676 (90742)	TETANOS IMMUNE GLOBULIN(HUMAN)250 UNIT	8.53
X6098 (90742)	RHO(D)IMMUNE GLOBLIN(HUMAN)	50.24
X6350 (90742)	MICRO-GAM	33.04
X7088 (90744)	ENGRIX-B (PEDIATRIC) 10.0 MCG/0.5 ML.	30.95
X7092 (90744)	RECOMBIVAX HB (PEDIATRIC) 2.5 MCG/0.5 ML	25.50
X7098 (90744)	RECOMBIVAX HB (PEDIATRIC) 15.0 MCG/3.0 ML	39.83
X7090 (90745)	ENGRIX-B (ADULT TO 19 YEARS) 20.0 MCG/1.0 ML.	61.85
X7096 (90745)	RECOMBIVAX HB (ADULT) 10.0 MCG/1.0 ML	53.64
X7100 (90745)	RECOMBIVAX HB (ADULT) 30.0 MCG/3.0 ML	53.64
90749 (90749)	UNLISTED IMMUNIZATION, Including 90710, 90711, 90716, 90730	By Report

B. OBSTETRICAL PRACTITIONER SERVICES:

59000	AMNIOCENTESIS	50.67
59012	FETAL CORD PUNCTURE PRENATAL	132.25
59015	CHORION BIOPSY	Non Benefit
59020	FETAL CONTRACTION STRESS TEST	50.67
59025	FETAL NON-STRESS TEST	20.27
59030	FETAL SCALP BLOOD SAMPLE	50.67
59050	FETAL MONITOR DURING LABOR BY CONS PHYSI	81.07
59051	FETAL MONITORING DURING LABOR BY CONSULT	74.48
59100	REMOVE UTERUS LESION	709.38
59120	TREAT ECTOPIC PREGNANCY	709.38
59121	TREAT ECTOPIC PREGNANCY	709.38
59130	TREAT ECTOPIC PREGNANCY	By Report
59135	TREAT ECTOPIC PREGNANCY	841.12
59136	TREAT ECTOPIC PREGNANCY	841.12
59140	TREAT ECTOPIC PREGNANCY	By Report
59150	TREAT ECTOPIC PREGNANCY	385.09
59151	TREAT ECTOPIC PREGNANCY	385.09
59160	D&C AFTER DELIVERY	202.68
59200	INSERTION OF CERVICAL DILATOR	Non Benefit
59300	EPISIOTOMY OR VAGINAL REPAIR	101.34
59320	REVISION CERVIX	By Report
59325	REVISION CERVIX	By Report
59350	REPAIR OF UTERUS	699.25
59400	OBSTETRICAL CARE	961.20
59409	VAG DELIVERY ONLY (WITH OR W/OUT EPISIOT	480.60
59410	VAGINAL DELIVERY ONLY	Non Benefit
59412	ANTEPARTUM MANIPULATION	Non Benefit

MAXIMUM STATEWIDE PAYMENT RATES -- FY 1997-98

Procedure Code	Procedure Description	Rate
59414	DELIVER PLACENTA	By Report
59425	ANTEPARTUM CARE ONLY	Non Benefit
59426	ANTEPARTUM CARE ONLY	Non Benefit
59430	CARE AFTER DELIVERY	Non Benefit
59510	CESAREAN DELIVERY	961.27
59514	CESAREAN DELIVERY ONLY	480.64
59515	CESAREAN DELIVERY	Non Benefit
59525	RML UTERUS AFTER CESAREAN	211.15
59812	TREATMENT OF MISCARRAIGE	148.92
59820	CARE OF MISCARRIAGE	148.92
59821	TREATMENT OF MISCARRIAGE	148.92
59830	TREAT UTERUS INFECTION	By Report
59840	ABORTION	158.10
59841	ABORTION	223.38
59850	ABORTION	206.76
59851	ABORTION	206.76
59852	ABORTION	521.22
59855	INDUCED ABORTION BY ONE/MORE VAG/SUPP	178.85
59856	INDUCED ABORTION BY ONE/MORE VAG/SUPP	258.11
59857	INDUCED ABORTION BY ONE/MORE VAG/SUPP	589.35
59870	EVACUATE MOLE UTERUS	304.02
59899	MATERNITY CARE PROCEDURE	By Report

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**MEDI-CAL PROGRAM
OBSTETRICAL PRACTITIONER PARTICIPATION**

FIELD OFFICE DISTRICT	(1) AVAILABLE OBSTETRICAL PRACTITIONERS	(2) PARTICIPATING OBSTETRICAL PRACTITIONERS	(3) PERCENT PARTICIPATION
Oakland	614	385	62.70
Sacramento	902	723	80.16
San Francisco	645	457	70.85
Fresno	625	655	104.80
San Diego	805	593	73.66
San Bernardino	654	561	85.78
Los Angeles	2,534	2362	93.21
San Jose	629	356	56.60
Total	7,408	6,092	82.24

-) Number of nonfederal office-based obstetricians, gynecologists, and family practitioners during calendar year 1996. SOURCE: American Medical Association (AMA), provided by special request.
- (2) Fee-for-service obstetricians, gynecologists, and family practitioners paid during calendar year 1996, weighted for group practices. Previous analysis of "rendering providers" in group practice settings reflect an average of 2.52 physicians per family practice group, and 3.51 physicians per obstetrics/gynecology group.
- (3) Percentages which exceed 100 indicate potential flaws in the database used for this table. Possible explanations include: a) a Medi-Cal physician could be double-counted if moving during the year from a private practice to a group practice; b) the statewide average number of physicians in group settings may be higher than the actual number for that county; or c) the AMA data may incompletely count office-based physicians.

Note: Data for the counties of Orange, San Mateo, Santa Barbara, Santa Cruz and Solano counties were excluded from this analysis because of the existence of county operated capitation programs and Geographic Managed Care arrangements.